

Maryland Medicaid Home and Community-Based Long Term Care Services



Maryland Department of Health and Mental Hygiene

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*T*his guide describes Medicaid services that are designed to help individuals who are at risk of institutionalization remain in their homes. It describes the range of home and community-based services available through Medicaid and can help consumers, families, and health care professionals make informed decisions about long-term care services.

Maryland Medicaid offers home and community-based services for:

- Older adults,
- Persons with disabilities, and
- Children with chronic illnesses.

Maryland Medicaid's home and community-based services are offered through the regular Medicaid program and special Medicaid programs called "waivers". Each waiver has different eligibility criteria and each target a different population, such as older adults or people with a certain disability.

Additional information regarding Medicaid services can be found at: www.dhmf.state.md.us/mma/mmahome.html

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Who is eligible for waiver services?

Individuals must meet medical, financial, and technical criteria to qualify for Medicaid-funded waiver services. This guide outlines the basic eligibility criteria for each waiver program. Trained eligibility technicians make the final determination on eligibility for services.

Technical Eligibility: Most waivers target a specific age group of persons with a particular disability. Maryland Medicaid programs are available only to Maryland residents.

Medical Eligibility: Medical and functional needs will be assessed during the application process. For some programs, a trained professional can go to an individual's home to determine an individual's level of care.

Financial Eligibility: Financial eligibility is based on both income and assets. The waiver programs may accept individuals with a higher income level than the traditional Medicaid program.

- Income includes, but is not limited to, wages, social security benefits, veteran's benefits, pensions, annuities, self-employment income, and disability benefits. Portions of income may also be disregarded for eligibility purposes.
- Assets include cash, bank accounts, stocks, bonds, mutual funds, and life insurance. The value of an individual's home and motor vehicles may also be considered when calculating assets.

What services are available?

For each program described in this guide, there is a list of services unique to that program. In addition, all waiver participants have access to traditional Medicaid services including prescription drugs, physician care, and hospital services.

Waiver Registry

There is a limit on the total number of participants who can be served in each waiver. When the waiver is at maximum capacity, the waiver will be closed to community applicants. In the event that a waiver has reached maximum capacity, interested persons can place themselves on the Waiver Services Registry by calling 1-866-417-3480. As spaces in the waiver program reopen, persons on the Registry will be notified in turn.

For more information...

See the description for each waiver program for information on who to contact regarding questions and additional information.

Information can also be found via the Internet at:
www.dhmd.state.md.us/mma/waiverprograms/



Waiver Information for Nursing Home Residents

-- Individuals who currently reside in nursing facilities may also apply for waiver services. Eligibility for a waiver program depends on the specific eligibility requirements for each waiver.

Special Exception for Nursing Home Residents

Each waiver program has a maximum number of participants who can be served. In some cases, a waiver program may have met maximum capacity and is "closed." However, there is an exception for nursing home residents in the event that a waiver program is closed.

An individual who has been a nursing home resident, paid for by Medicaid, for at least 30 consecutive days can apply for that waiver program even if that waiver is "closed."



The Medicaid Waiver for Children with Autism Spectrum Disorder provides community services to children between ages one and 21. The Maryland State Department of Education administers this waiver and the local school systems provide case management services called "service coordination." The local school systems help individuals access many of the services offered through this waiver.

Technical Eligibility: children must be between ages one through the end of the school year in which the youth turns 21 years old. Children must have an Individualized Family Service Plan (IFSP) or an Individualized Education Plan (IEP) and children have to be receiving at least 12 hours of special education services per week.

Financial Eligibility: Financial eligibility is based on the income and assets of the child alone without consideration of parents' financial status.

Medical Eligibility: Children who are diagnosed with Autism Spectrum Disorder are eligible. These children must meet the "institutional level of care" criteria and must be able to live in the community with the services available under this waiver.

Services that may be provided include:

- Environmental accessibility adaptations
- Family training
- Intensive individual support services
- Respite care
- Service coordination
- Supported employment
- Therapeutic integration services
- All other standard Medicaid services.

Continued

For more information ...

Contact your local school system and ask to speak to the Autism Waiver Coordinator, or call the Maryland State Department of Education at **410-767-1446**, tollfree **1-800-535-0182**, or TTY **1-800-735-2258**.

At times, this waiver has reached full capacity. In this event, interested persons can be placed on the Waiver Services Registry by calling 1-866-417-3480 until the waiver reopens.



The Community Pathways Waiver is administered by the Developmental Disabilities Administration (DDA) and provides services and supports in the community for individuals with developmental disabilities. Waiver participants receive services and supports from provider agencies funded by the Developmental Disabilities Administration.

Technical Eligibility: No age limitation.

Financial Eligibility: In 2006, monthly income may not exceed \$1,809 and assets cannot exceed \$2000 or \$2500 depending on eligibility category. The income standards change annually in January, depending on the maximum federal SSI monthly benefit amount.

Medical Eligibility: Individuals must need the level of care required to qualify for services in an intermediate care facility for the mentally retarded or persons with related conditions (ICF-MR).

Services that may be provided include:

- Resource coordination
- Residential habilitation
- Supported employment
- Day habilitation
- Personal support



Continued

- Family and individual support services
- Respite care
- Behavioral support services
- Environmental modifications
- Assistive technology and Adaptive equipment
- Transportation (to access planned community activities)
- Transition services
- All other standard Medicaid services

For More Information...

Contact your Developmental Disabilities Administration Regional Office:

Central Maryland

(Anne Arundel County, Baltimore City, Baltimore County, Harford County, Howard County)
410-902-4500
Toll Free 1-877-874-2494
TTY 410-363-9430

Southern Maryland

(Calvert County, Charles County, Montgomery County, Prince George's County, St. Mary's County)
301-362-5100
Toll Free 1-888-207-2479
TTY 301-362-5131

Eastern Shore

(Caroline County, Cecil County, Dorchester County, Kent County, Queen Anne's County, Somerset County, Talbot County, Wicomico County, Worcester County)
410-334-6920
Toll Free 1-888-219-0478
TTY 1-800-735-2258

Western Maryland

(Allegany County, Carroll County, Frederick County, Garrett County, Washington County)
301-791-4670
Toll Free 1-888-791-0193
TTY 301-791-4015

The New Directions Waiver, administered by the Developmental Disabilities Administration (DDA), provides individuals with developmental disabilities the opportunity to self-direct services and supports in their own home or family home. The individual, with the assistance of a Support Broker and Fiscal Management Service provider, directs the planning, budgeting, management and payment of his/her services and supports.

Technical Eligibility: No age limitation.

Financial Eligibility: In 2006, monthly income may not exceed \$1,809 and assets cannot exceed \$2000 or \$2500 depending on eligibility category. The income standards change annually in January, depending on the maximum federal SSI monthly benefit amount.

Medical Eligibility: Individuals must need the level of care required to qualify for services in an intermediate care facility for the mentally retarded or persons with related conditions (ICF-MR).

Services that are required:

- Fiscal Management Service
- Support Brokerage

Services that may be provided include:

- Resource coordination
- Personal support
- Family and individual support services
- Supported employment
- Day habilitation

Continued

- Respite care
- Environmental modifications
- Assistive technology and Adaptive equipment
- Behavioral support services
- Transportation
- Transition services
- All other standard Medicaid services

For More Information...

Contact your Developmental Disabilities Administration Regional Office:

Central Maryland

(Anne Arundel County, Baltimore City, Baltimore County, Harford County, Howard County)
410-902-4500
Toll Free 1-877-874-2494
TTY 410-363-9430

Southern Maryland

(Calvert County, Charles County, Montgomery County, Prince George's County, St. Mary's County)
301-362-5100
Toll Free 1-888-207-2479
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Eastern Shore

(Caroline County, Cecil County, Dorchester County, Kent County, Queen Anne's County, Somerset County, Talbot County, Wicomico County, Worcester County)
410-334-6920
Toll Free 1-888-219-0478
TTY 1-800-735-2258

Western Maryland

(Allegany County, Carroll County, Frederick County, Garrett County, Washington County)
301-791-4670
Toll Free 1-888-791-0193
TTY 301-791-4015

The Living at Home Waiver provides services for individuals with physical disabilities to live in their own homes. The Maryland Department of Health and Mental Hygiene administers this waiver.

Technical Eligibility: Age 18 through 59 (at time of enrollment).

Financial Eligibility: In 2006, monthly income may not exceed \$1,809 and assets cannot exceed \$2000 or \$2500 depending on eligibility category. The income standards change annually in January.

Medical Eligibility: Individuals must need the level of care required to qualify for nursing facility services.

Continued



Services that may be provided include:

- Attendant care (may be consumer-directed)
- Assistive technology
- Case management
- Consumer training
- Environmental accessibility adaptations
- Family training
- Fiscal intermediary services
- Nurse monitoring of attendants
- Personal emergency response systems
- Transition services
- All other standard Medicaid services

For more information ...

Contact the Department of Health and Mental Hygiene at **410-767-7479** or toll free at **1-800-463-3464**.

At times, this waiver has reached full capacity. In this event, interested persons can be placed on the Waiver Services Registry by calling **1-866-417-3480** until the waiver reopens.

The Model Waiver for Medically

Fragile Children allows children with complex medical needs to receive medical care in their homes instead of a hospital, nursing facility, or other long-term care facility. The Coordinating Center provides case management to Model Waiver participants and the Department of Health and Mental Hygiene administers this waiver.

Technical Eligibility: Birth through age 21.

Financial Eligibility: Financial eligibility is based on the income and assets of the child alone without consideration of parents' financial status.

Medical Eligibility: The child must have complex medical needs, be at risk of long-term hospitalization, and need the level of care required to qualify for nursing facility or chronic hospital services.

Services that may be provided include:

- Case management
- Disposable medical supplies
- Durable medical equipment
- Home health aide assistance
- Physician participation in the plan of care development
- Private duty nursing
- All other standard Medicaid services

For More Information...

Contact the Coordinating Center at 410-987-1048, 301-621-7830, or toll-free 1-800-296-2242, or TTY 1-800-735-2258.



The Waiver for Older Adults provides services for older adults to live at home or an assisted living facility instead of a nursing facility. The Maryland Department of Aging administers this waiver.

Technical Eligibility: Age 50 and older.

Financial Eligibility: In 2006, monthly income may not exceed \$1,809 and assets cannot exceed \$2000 or \$2500 depending on eligibility category. The income standards change annually in January.

Medical Eligibility: Individuals must need the level of care required to qualify for nursing facility services.

Services that may be provided include:

- Assisted living services (not including room and board)
- Assistive devices
- Behavior consultation services
- Case management
- Dietician and nutritional services
- Environmental assessments and adaptations
- Family and consumer training
- Home delivered meals
- Nurse monitoring of attendants
- Personal care
- Personal emergency response systems
- Respite care
- Senior center Plus
- All other standard Medicaid services

For more information ... Contact the Maryland Department of Aging at 410-767-1118, 410-767-1100, toll free 1-800-243-3425, or TTY 1-800-735-2258.

At times, this waiver has reached full capacity. In this event, interested persons can be placed on the Waiver Services Registry by calling 1-866-417-3480 until the waiver reopens.

The Waiver for Adults with Traumatic Brain Injury (TBI) provides services to individuals who are currently residing in state psychiatric hospitals, state owned and operated nursing facilities, or an out-of-state facility. The Mental Hygiene Administration administers this waiver.

Technical Eligibility: Age 22 to 64. The initial traumatic brain injury must have occurred between the ages of 22 and 64.

Financial Eligibility: In 2006, monthly income may not exceed \$1,809 and assets cannot exceed \$2,000. These income standards change annually in January.

Medical Eligibility: Individuals must be diagnosed with a traumatic brain injury, have complex medical needs, be at risk of long-term hospitalization, and need the level of care required to qualify for nursing facility or chronic hospital services.

Services that may be provided include:

- Case management
- Day habilitation
- Residential habilitation
- Supported employment
- All other standard Medicaid services

For more information...

Contact the Mental Hygiene Administration at 410-402-8476 or TTY 1-800-735-2258.

The Medical Assistance Personal Care Program provides in-home personal care services to individuals with disabilities or chronic medical conditions. These services are designed to assist individuals with activities of daily living such as bathing, transferring, dressing, meal preparation, and limited household chores. This program is administered through the local health departments. Unlike the waiver programs, the Medical Assistance Personal Care program is never closed to new applicants.

Technical Eligibility: No age limitation.

Financial Eligibility: Individuals must qualify for Medicaid in the community.

Medical Eligibility: An individual must be under a physician's care for a chronic medical condition or be at risk of institutional placement.

For More Information...

Call 410-767-1444, toll free 1-800-685-5861 ext. 1444, or TTY 1-800-735-2258. You may also contact your local health department.



Medical Day Care services provide medical and quality of life enhancement in a community-based setting so that individuals can stay connected to family, loved ones, and their community. Day care centers operate five to seven days a week providing services from four to twelve hours per day.

Services that may be provided include skilled nursing and nursing assessments, medication monitoring, hot meals, leisure activities, daily living skills training and enhancement, transportation, rehabilitation, therapy, case management, and clinical services.

Technical Eligibility: Age 16 and older.

Financial Eligibility: Individuals must qualify for Medicaid in the community.

Medical Eligibility: Individuals must need the level of care required to qualify for nursing facility services.

Other Services:

Limited funding is available for low-income individuals who do not meet nursing facility level of care through the adult day care program.



For More Information...

Call 410-767-1444,
toll free 1-800-685-5861,
or TTY 1-800-735-2258.

Adult Evaluation and Review Services (AERS)

-- The AERS program assists older adults and people with disabilities who need long-term care services and are at risk for institutionalization. AERS staff conducts comprehensive evaluations to identify services that individuals need to remain in the community. Upon completion of an evaluation, the AERS team develops a plan of care providing recommendations for appropriate services. The local health departments administer this program.

Technical Eligibility: Age 18 and older.

Financial Eligibility: There are no financial requirements for an AERS evaluation.

Medical Eligibility: Individuals must be at risk of institutionalization.



For more information...

Contact your local health department or call 410-767-1736 or TTY 1-800-735-2258.

The Employed Individuals with Disabilities

Program (EID) is a new program, beginning April 1, 2006, which expands traditional fee-for-service Medicaid to individuals with disabilities who are working. EID is administered by the Department of Health and Mental Hygiene.

Technical Eligibility: Age 18 to 64 years. This program is for individuals with disabilities who are working. Taxes must be paid out of income earned.

Financial Eligibility: Income below 300% of the Federal Poverty Level (if applicable, income of spouses are included) and assets below \$10,000 with the first \$4,000 in a retirement account excluded.

Fee-for-Service Medicaid includes:

- Inpatient hospital;
- Outpatient;
- Physician and clinic visits;
- X-rays and lab tests;
- Prescription drugs subject to co-pays; and
- Personal care services in the home and workplace.

For more

information about eligibility or for an application, please call toll free 1-866-373-9651 or TTY 1-866-372-9652.